TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital ar attending physician.

O FUNERAL DIRE

R: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be a ached far use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

TO FUNERAL DIRE

VS A1S (4) 15M 9/55

Reg Dist No

	1 49							Key. Di	31, 140.	
1. PLACE OF DEATH o. COUNTY SOT	merset		MARYLA	- 11	o. STATE Mary		d lived. If instituti b. COUNTY		erset	ámission)
B. CITY OR TOWN CRUBAL and give to Reho both	(If outside corporate limitedrest tawn)	its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF		prote limits, write R	URAL ond	give nearest	town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, (give street	oddress)		d. STREET ADDRESS				(RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	LILI LILI	LIAN	Middle H.		Lost ADAMS	4. DATE OF DEATH	Decem		Doy 13	Year 19 58
Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED		DATE OF BIRTH	39	9. AGE (In years lost birthdoy) 9 yrs.	IF UNDER Months		JNDER 24 HRS. Durs Min.
yoa. USUAL OCCUPATE during most of wor Housewij	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (SION Mary		ountry)	12. CI1	USA	HAT COUNTRY?
13. FATHER'S NAME John	Rosenbroo	ek			14. MOTHER'S MAIDEN	name ink				
	ER IN U. S. ARMED FOR	CES? 16.	social security no. None	17. INF	Joshua Ad		Rehobot		Maryl	and
Conditions, if a gave rise to a corse (a), stoling lying couse lost. PARE II. OT PARE III. OT OR CONTRIBUTION	the under DUE TO the under OUE TO (c) HER SIGNIFICANT CON WWW. CON AS UNBERTUNG OF G OF CAUSE OF DEATH	Chr.	MANGE THAT CONTRIBUTING TO DEAT CRIBE HOW INJURY OCC	o sh	10			KBEEK VEN IN PAR	PI	VAS AUTOPSY ERFORMED?
U (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	MEDICAL EXAMINER)	ar 20d. It While of worl	Not while	0e. PLACI foctor	E OF INJURY (Home, for ry, street, office bldg., et	m, 20f. (City	or town)	(0	County)	(Stote)
21. I certify the olive on Actual SIGNATURE PHYSICIAN'S NAME (Type)		120	ed from Mules, and that de selections albourn		ccurred of a grant	M, from	n the causes of treet, city or town,	and on the state)		
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	DN, 226. DATE THEREC	OF .	22c. NAME OF CEMET			22d. LOCAT	TION (City, town, o	or county)	Maryl	(Stote)
23. FUNERAL DIRECTOR	SSIGNATUR	-	ADDRESS			D BY REGIST		STRAR'S SIG	GNATURE	- L L-

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FOR STATE HEALTH DEPT.

Page Health. iles. Baor retained State death. may SO Give Pages 1, 2, a h farm PM3. Page pag 6 pages with burial-fransit Office of Examiner 0 SD used Peburial.

DIRECTOR ERAL pe

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Somerset Somerset Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest towns Deal Island Deal Island lifetime d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Main Road YES NO 3. NAME OF Middle 4. DATE First Year DECEASED Delia Anderson (Type or print) DEATH 1958 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XXI. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Female Months Haurs White WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 ARTHPLACE (State or foreign country) during most of working life, even if retired)

Household duties

Household Mamyland 12. CITIZEN OF WHAT COUNTRY? U.S.A. Household 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Anderson Roxie Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. IYes, no er unknown) (If yes, give war or doles of service) None George Anderson - Deal Island, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) While 0. m Nat while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry and in my apinion death resulted from: Natural causes P. Accident . Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Dec. 15-195 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL CREMATION, 22b. DATE THEREOI 22c. NAME OF CEMETERY OF EREMATOR 22d. LOCATION (City, lawn, or county) (State) REMOYAL (Specify) St. Johns Burial Deal Island, Maryland 29 FUNERAL PRECTOR'S SIGNATURE ADDRESS 7240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DEC Orthur S. Hraus

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		of employ	h-qu-fartur		

14219 CERTIFICATE OF DEATH

14203 Rea. Dist. No.

A THE				Keg. Dist. I	10.
1. PLACE OF DEATH o. COUNTY	44404444	2. USUAL RESIDENCE (Who	ere deceased lived. If in b. COL		efore admission)
Somerse t	MARYLAND	Maryland		omerset	
RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, w	rite RURAL and give	nearest town)
Eden 5		X Eden			
d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION	s)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) Elihue	Middle Ba:	last	4. DATE OF DEATH	Month	Day Yeor 19 58
. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YE	AR IF UNDER 24 HRS
male colored WIDOWED	DIVORCED 🗌	July I906		yrs. Months Day	s Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)				12. CITIZEN	OF WHAT COUNTR
farming 3. FATHER'S NAME	farm	14. MOTHER'S MAIDEN N			LS.A.
Coulborn Barkley		Ada Wri	ght		
Yes, no. or unknown) (If yes, give war or dates of service)		NFORMANT	-	Address	
no no	Mr	s Helen Herr	on Eden,	Marylan	
18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b) and (c).	0 11			NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Noan.	01 tanc	Sens.		6mg,
157X DUE TO	64-	/ ' '			(arrol
Conditions, if ony, which) (b)					
gove rise to immediate DUE TO					
lying couse lost.					
(c)	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAI DISEASE CONDITIO	N GIVEN IN PART 16	19 WAS AUTOPSY
S CONTRACTOR CONTRACTO	INC. TO DEATH OF	THO TREATED TO THE TERMIN	THE DISEASE CONDITION	4 OTTEN IN TAKE 1(0	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 11	3.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. 19 While of work	OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or tawn)	(Count	ty) (Stote
p. m. 19 of work 🔲 o	of work		in sol	1000-	/.
21. I certify that A attended the deceased fr	am // X12	20. 19 5 X to	59 / 19	that I last	saw the deceas
alive an 9 00 19 17	_, and that death		M, fram the caus	ses and on the c	
er() ,	()	0	ADDRESS (Street, city or t	lows, stote)	DATE SIGN
SIGNATURE CATALONICAL SIGNATURE		M.D. 62 7	v ma	70	1:711 Dec
PHYSICIAN'S E A Pay	will A	1 Salis	Furn Y	ul.	
REMOVAL (Specify)	NAME OF CEMETERY C		22d. LOCATION (City, 10	own, or county)	(Stole)
	ower Hill		Eden, Md.		
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	-C 10°-C)	Cirthur 2. The	
Veen M. Wilson Pris	ncess Ann	MA DATE		2. 100	W/o

D FUNERAL DIREC. A After this certificate has been signed by the attending physician and campletely filled in by the first director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 2 hays after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after e haspital ar attending physician. may be retained by TO FUNERAL DIREC VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

14210

14220	CERTIFICA	AL OF BEATH	Reg. Dist.	No.
PLACE OF DEATH O. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MAR YLAND	b. COUNTY	before admission)- RSET
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of	16 YRS.	d. STREET ADDRESS	<u>D</u>	e. IS RESIDENCE
OR INSTITUTION	EMO. HOSP.		REET	ON A FARM?
NAME OF First DECEASED	Middle	Last 4. DATE	Month	Day Year
(Type or print) AMOS		BOSTON DEATH	DE CEILDEIC	31 19 58
SEX 6. COLOR OR RACE NEGRO WIDOWE		8. DATE OF BIRTH 2-4-1901	9. AGE (In years life UNDER 1 Y Months Do	YEAR IF UNDER 24 HRS. Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		10		N OF WHAT COUNTRY
	FARMING	MARYLAND	U.	.S.A.
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	# A 32	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	SARAH BOS	T. O.N Address	
es, no, or unknown) (If yes, give wor or dates of service)			~ ~	RISFIELD
18. CAUSE OF DEATH [Entor only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 33/× Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS C	Grebral	d asteriosce	lerosis.	INTERVAL BETWEEN ONSET AND DEATH JECULA JECULA JON 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in Port I or Pa		YES NO
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 While of world	Not while fa	ACE OF INJURY (Home, form, 20f. (Cit- ctory, street, office bldg., etc.)	y or town) (Cou	inty) (State)
21. I certify that I attended the decease alive an	Eg, and that death	occurred at 6:25 A.M., fra ADDRESS (S M.D. CRISFIELD, CRISFIELD,	MAR YL AND	
BUTTAL Specify Jan. 2, 1959 3. FUNERAL DIRECTOR'S SIGNATURE	Marumsco Cen ADDRESS ns—Crisfield,	etery R.F.	D. Marion Stati	on, Md.

TO HOSPITAL OR ATZENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by hospital or attending physicion.

TO FUNERAL DIRECTAL: After this certificate has been signed by the ottending physician and completely filled in by the factor, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremotian, or remayal, and in any event within 72 hours after death. VS A1S (4) 15M 10/57

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14215 CERTIFICATE OF DEATH

14211 Reg. Dist. No.

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1	PLACE OF DEATH a. COUNTY SOMEYSE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	merset
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negret town)	CRISTICAL 34	ive nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	DECEASED (Type or print) Minnie J.	Byrd 4. DATE Month OF DEATH /2	Day Year 1958
S.	Fe male lear o widowed Divorced	B. DATE OF BIRTH May: 2, 1895 9. AGE (In years last birthday) Manths Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10	da. USUAL OCCUPATION (Give Kod af wark done 10b. KIND OF BUSINESS OR INDU during mast af working life, even if retired) Patord Worker	STRY 11. BIRTHPLACE (State or foreign country) 12. CITI Jacksonville, Florida	ZEN OF WHAT COUNTRY?
13	John Brisby	14. MOTHER'S MAIDEN NAME	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 16s. no. or unknown) (If yes, give wor or dotes of service)	NFORMANT loyd E, Byrd - Crisfield, M	H.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. DUE TO (c) Carturosclus	Infaction Insufficiency tu Heart Dissein	INTERVAL BETWEEN ONSET AND DEATH Eliteral Lolaye Unburn
CATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI		D. (Enter nature of injury in Part I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED that o. m. 19 While at work at wark	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) (Ctary, street, affice bldg., etc.)	ounty) (State)
	21. I certify that I attended the deceased from	occurred at 5 Q M, from the causes and on the ADDRESS (Street, city ar town, state) M.D. CRISFIELD, 191	
1	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CHEMETERY OF CEMETERY OF CEME	R CREMATORY 22d. LOCATION (City, town, or county) 2 Cristiell, Son	1. Co., Md
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS HAVE ON STANDARD ADDRESS	Md. DATEDEC 9 158 Orthury 8	MATURE Kraus

HEAGO SO PRASHIVARIO DE SELO 13-12-176

VS A15 (4) 1SM 10/57 1422 CERTIFICATE OF DEATH

14212

1. PLACE OF DEATH a. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institution b. COUNTY		
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write arest town) Tylerton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write R	URAL and give neares	st town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street Own home	address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	SHAFTER	MELDON	CORBIN	4. DATE Mon		Yeor 19 58
s. sex	6. COLOR OR RACE 7. MARI	RIED MEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Nov. 4, 1898	9. AGE (In years lost birthday) yrs.	Months Days H	UNDER 24 HRS dours Min.
0o. USUAL OCCUPATIO during most of work Waterman	N (Give kind of work done 10b. ing life, even if retired)	kind of business or indu	Tylerton,		12. CITIZEN OF V	WHAT COUNT
3. FATHER'S NAME	Stephen Corbin		Cordie Bra			
S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT eslie H. Corbi	in, Tylerton,		
G	er significant conditions of	CRIBE HOW INJURY OCCURRE	19ht to	me arus		WAS A TOPSY PERFORMED? ES NO
(IF EITHER, NOTIFY I	Month, Day, Year 20d. II While	NJURY OCCURRED 20e. Pf	ACE OF INJURY (Home, form lictory, street, affice bldg., etc	20f. (City or town)	(County)	(Stote
olive on	arbara Hunt, M.	and that death	MD. EWe	M, from the couses of Aboress (Street, city or town.	state) 12	
Ro. BURIAL, CREMATION REMOVAL (Specify) Burial	Dec. 24, 1958	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, town, or Tylerton, Man	or county)	(State)
3. FUNERAL DIRECTOR'S Bradshaw	& Sons, Crisfi	eld. Marvland	24a. REC'I		STRAR'S SIGNATURE	

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ARYLAND STATE	E DEPARTMENT	OF HEALTH-BALTIMORE,	18
14222	CERTIFICATE	OF DEATH	

14213 Reg. Dist. No.

-		COUNTY SO AAO LOS T MARYLAND	2. USUAL RESIDENCE (Whe		If institution: Residence COUNTY	e before admission)
	ı	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF ou	utside corporate limit	ts, write RURAL and gi	ive nearest town)
)	-	d. NAME OF HÖSPÍTÁL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
		NAME OF PICEASED (Type or print) First Middle	RANT	4. DATE OF DEATH D	Month C	9 19 5 \$
	5. 8	FEM. COL WIDOWED DIVORCED	Sul 8.1879	9. AGE last b	Total de la	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BIRTHPLACE (Store of	For Management of the second o	MD L	JSA COUNTRY
/		John T Ballard	ANNA A	N-FIE	74	
	Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (If yes, give wor or dates of service)	OHN T. Bas	lloss 1	nación	1 md
		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	7 Heurt			INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	D Breat	· mula	teas a f	Rug Y-lin
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Mot related to the termin	net lisease condi	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Po	art I ar Part II of ite	m 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not while face of work 19	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (State)
1		ACTUAL HEREDO Co BAZIONA	19.58. to D occurred at 5 A		causes and an th	ast saw the decease e date stated above DATE SIGNE
	220	BURIAL CREMATION, 22b. DATE THEREOF . 22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (CI	ly, tawn, or county)	(State)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	MA PATE IAN		24b. REGISTRAR'S SIG	

SCHIERSET SOMEPSAT GIA WARIEN NUARICH MINNIE GRANT DEC. 19 55 FPM. COL X × 18.1879 79 MARIEN, SEM, IMD USA John Thailand ANNA, M-FIELD 819-22- Willohn T. Bailers marion Mix

BUNIAL DECRUPSS KI

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MARien, Schn., AAD

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14223 CERTIFICATE OF DEATH

Pag Dist No

14214

						Reg. Dist. 14	0.
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (1) a. STATE Ma.	Where deceased ryland	lived. If institution b. COUNTY		
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, we rearest town) Fairmount	c. LENGTH OF STAY IN 16		f outside corpor	ate limits, write R	URAL and give n	earest tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give s		d. STREET ADDRESS	D			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First GEORGE	Middle	HANDY	4. DATE OF DEATH	Decemb		Pay Yeor
5. SEX Ma.le	3.7	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH July 10, 18		9. AGE (In years lost birthday) 9. AGE (In years yrs.	Manths Days	R IF UNDER 24 HRS. Hours Min.
during most at war	ON (Give kind of wark dane king life, even if retired) d worker	Oyster & Crab	Maryland		untry)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	Elijah Handy		14. MOTHER'S MAIDEN				
	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service None		Mrs. Annie Ha	ndy, Ma	rion, Ma		FILE
Conditions, if a gave rise to cause (a), stating lying couse last.	the under-	ONS CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TER			EN IN PART 1(a)	PERFORMED?
200. ACCIDENT W. OR CONTRIBUTING	MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCUR					YES NO
20c. TIME OF INJUI Haur a. m. p. m.	V	20d. INJURY OCCURRED While Not while It wark at wark	PLACE OF INJURY (Hame, fa factary, street, office bldg., e	erm, 20f. (City	or tawn)	(County	(State)
21. I certify the alive an Standard E SIGNATURE PHYSICIAN'S NAME (Type) E 220. BURIAL, CREMATIC	Idon G. Mon Date THEREOF	1 479	n Prix	ADDRESS (SIT	the causes of eet, city or town,	and an the destroite) Total	DATE SIGNE
REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	Dec. 16, 19	58 Private Fam	ily Cemetery	Mario		and	(Stote)
		ADDRESS sfield, Maryland		C'D BY REGISTR		bur S. Krau	

headynasty and meaning the second second res , de la parelle parelle cer Date: 10, 1992 Individe Individed Juniory Marion, Carpling

files. Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 XAMINER'S CERTIFICATE OF DEATH

14215

FOR STATE	14224	MEDICAL E
HEALTH DEPT.		

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Somerset Maryland b. COUNTY Somerset MARYLAND

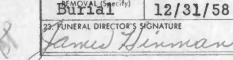
b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole life Oriole

d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

							YES NO						
3. NAME OF DECEASED (Type or print) Lu	ther	Martin	Hornsby	4. DATE OF DEATH	Dec.	29							
		ARRIEDO NEVER MARRIED	77.7. 7.4	It	GE (In years not bjuthely) yes.	Months Doys							
100. USUAL OCCUPATION (Give kinduring most of working life even Farming & Wat	nd of work done if retired) erman	Ob. KIND OF BUSINESS OR	Maryla Maryla		(7)	U.S	OF WHAT COUNTR						
Robert M.	Hornsby		Flore	ence Will	ing								
15. WAS DECEASED EVER IN U. S. [Yes, ne, er unknown] (If yes, give w	ARMED FORCES? vor or doles of service)	16. SOCIAL SECURITY NO.	Mrs. Cora	Hornsby	Address Oric	ole, Mo	1.						
PART I. DEATH WAS CA	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Coronary Heart Disease 4.20. / Due to												
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. Z PART II, OTHER SIGNIFI	DUE TO (c)	IS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEASE CO	ONDITION GIVE	EN IN PART I(a)	19. WAS AUTOPS						
PART II, OTHER SIGNIFI 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury i	in Port I or Part I) ot i	lem 18.)		PERFORMED? YES NO 2						
20c. TIME OF INJURY Mon Hour o, m. p. m.		20d. INJURY OCCURRED 2 While Not while of work 1	Oe. PLACE OF INJURY (Home factory, street, office bldg		lown)	(County)	(State)						
21. I certify that I toa apinion death resulted					ectian 🔀,], Undeter	Inquiry [
ACTUAL SIGNATURE	John	en	M.D.	CAL EXAMINER []			DATE SIGNED						
EXAMINER'S R. H	Johnson,	36 D	V22(21VI41 II	PRICE ENVIRONMENT	-	mber 30	10						

AMINER: This certificate should be executed within 24 hours after death. If any delay is necess writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral dir to the Chief Medical Examiner's Office along with from PM3. Page 5 may be retained far Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard prior to burial, cremetion, ar removal, and in any event within 72 hours after death. writing th to the its designated agent, 4 should be fore TO FUNERAL DIRECTOR: TO DEPUTY MEDIC VS. ATSME

50 5M 2/57



Oriole ADDRESS

Oriole, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Princess Anne, Md.

arthur S. Krays

HTARG ROST STADERS OF THE WIND AND STATE OF BRACH A

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			Quant.
BE STRAIGHT A.		white flore	

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

CENTIFICATE OF DEATH

14216

		14	223	C	KIIFIC	All	OF DE	AIH	100		Reg	Dist. N	0.	
1. PLACE OF o. COUNT	SOMER	SET			MARYLAND	2.	USUAL RESIDEN	CE (Whe		d lived. If inst b. COUI	NTY TT	sidence bel		
b. CITY O RURAL	R TOWN (If outside ond give nearest tow	m)	ils, wrile	c. LENGTH O	F STAY IN 16		c. CITY OR TOV		itside corpo	rote limits, wri				
d. NAME OR INS	OF HOSPITAL (IF not STITUTION EDW.	I in hospital, g	~ ~		MEMO.		d. STREET ADD			REET			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or p	D print)		LIAN		Middle H		HUDSO.	N	4. DATE OF DEATH	DECE	Month CMBE		2	Yeor 19 50
5. SEX MALE	WH	IITE	WIDOW		VORCED [1	1-27-				ors IF UN Mon yrs.	ths Doys	R IF UND Hours	Min.
Propr	OCCUPATION (Give	kind of work even if retired	done 10b.	kind of Busi			M	ARY	LAND	ountry)	12	CITIZEN	S.	
13. FATHER'S						14	. MOTHER'S MA							
	WILLIAM						Mary	Land	on					
15. WAS DEC (Yes, no. or unkr	CEASED EVER IN U. S nown) (It yes, give	. ARMED FOR war or dates of s		None None			LIAM .	R.	Huds		Address RIS	FIEL	D,	M_D .
	PART I. DEATH WAS	CAUSED BY: ATE CAUSE (o	a	ne for (0)(b). (md (c).]	9	Hereo	1.	Aure	ma		10	TERVAL B	ETWEEN DEATH
	tions, if ony, which rise to immediat	- (0	Cle	me	lut.	n	eflecte	de	nie,	ryos	dete	0	jen	,
couse (o), stating the under- lying couse lost. (c) Anluia Laute									1	wth.	~			
CATIC	PART II. OTHER SIGN	160.	DITIONS	CONTRIBUTING	TO DEATH BUT	NOT	RELATED TO TH	E TERMIN	IAL DISEAS	E CONDITION	GIVEN IN	PART 1(o)	PERF	AUTOFSY ORMED?
O LIL FITHE	CIDENT WAS UNDER TRIBUTING [] CAUS R, NOTIFY MEDICAL	LYING [] E OF DEATH EXAMINER)	20b. DES	CRIBE HOW IN.	JURY OCCURRE	D. (En	iter nature of in	jury in Po	ort I ar Pari	I II of item 18.)			
	OF INJURY Month ur o. m. p. m.	n, Day, Ye	ar 20d, fl While of wor	NJURY OCCURR Not while t of work	to	ACE (OF INJURY (Hon street, office bl	ne, form, dg., etc.)	20f. (City	or town)		(County	')	(Stote
21. I co	Apor	ended the	deceas 195	1 (2 - 2 I that death	M.D.	curred of #	1.3QF	M, fron	n the couse freet, city or to	es ond o	ot I last : on the d	ote stat	deceas ed obov
PHYSICIA NAME (T	ype) to te			urn, 1	1.D.,		M	AR I	ON,	MARYI	LAND			
220. BURIAL,	1 (Cnaciful	•5,195			oth Pre	_	matory terian			rion (City, tov			(Sto	te)
23. FUNERAL	Brads		Sons-	ADDRESS Crisfi	eld, M	i.		o. REC'D	BY REGIST	RAR 24b. R	EGISTRAR'	S SIGNATI	JRE initid	

may be retained by this paper and the standing physician.

S FUNERAL DIRECTORY After this certificate has been signed by the attending physician and campletely filled in by the Add director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. may be retained by TO HOSPITAL OR VS A15 (4) 15M 10/57

BY SHOWITTAN STANDARD TO ANTENNES THAT CHARLES HE TARRES CERTIFICATE OF DEATH With the Late will THE LATE OF THE COLUMN TO SHARE

death. Page 4

directar,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14226 CERTIFICATE OF DEATH

14217

Reg. Dist. No.

2000	ERSET		MARYL		2. USUAL RESI o. STATE	DENCE (WI		lived. If insti b. COUN	ITY ~	dence before		
b. CITY OR TOWN (If or RURAL and give near CR ISFI.	est town)	write	t. LENGTH OF STAY II	N 16			outside corpor $FIELD$	ote limits, writ	e RURAL or	nd give neare	est town)	
d. NAME OF HOSPITAL		20.00	idress)	09.	d. STREET A	DDRESS	TYLER		EE T		IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	First RAY	MON	Middle D		MA		4. DATE OF DEATH	73	Nonth MBER	Doy	7 Yeo	58
	NEGRO	· MARRIE			8. DATE OF BIRT			9. AGE (In yellost birthdo	y) Month	DER 1 YEAR II		4 HRS. Min.
10a. USUAL OCCUPATION during most of working LABORER	(Give kind of work do g life, even if retired)		IND OF BUSINESS OR	INDUS	V:	IR GI.	NIA	untry)	12.	U. L	S. A.	UNTRY?
13. FATHER'S NAME	es Mapi				14. MOTHER'S	known						
15. WAS DECEASED EVER IT			OCIAL SECURITY NO.	17. 19	NFORMANT	KIIOWII			Address			
Yes. no. or unknown (If y	WW 1	22	0-26-0965	0	DESSA	MAP.	P. 32	4 TY	LER	ST,	GRIS	FIE
Conditions, if ony, gove rise to imm couse (o), stoling the lying couse lost. PART 11. OTHER	sunder DUE TO (c) SIGNIFICANT CONDIT										WAS AUT PERFORMI	ED?
3 20c. TIME OF INJURY		20d. INJ		20e. PLA	O. (Enter nature of ACE OF INJURY (Home, form	, 20f. (City			(County)		(Stote)
Hour o.m. p.m. 21. I certify that	I attended the d		Not while of work fram 12)	2-3	, 19 <u></u>	, to) >	2-1-	, 19_,				
ACTUAL SIGNATURE & @	RAH M. I	\mathcal{D}_{EYI}	Penton		M.D		ADDRESS (Str	eet, city or to	vn, stote) RYLA			SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify)			22c. NAME OF CEMET	TERY OF	CREMATORY		22d. LOCATI	ON (City, low			(Stote)	
23. FUNERAL DIRECTOR'S S Bradshaw &	Sons, Cri	sfie	ADDRESS ld, Maryla:	nd			D BY REGISTR			S. Krau	A	

may be retained by the haspital ar attending physician.

TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in by the figgre 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after VS A15 (4) 15M 10/57

1 1 1

VS A15 (4) 1SM 9/5S

14227 CERTIFIC

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY			MARYL		a. STATE		ere deceased	b. COUNTY		befare admi	ssian)
Somerse					Maryl			Somers			
	f autside carporate limits	, write c	LENGTH OF STAY IN	4 1P	c. CITY OR TO	OWN (If a	utside carpora	ite limits, write R	URAL and giv	ve nearest tay	vn)
Princess		02			Prince	1	nne	1/ 7	/)	3	
	2.74		dament .				TILLO	11/	, U	1 sc ns	SIDENCE
OR INSTITUTION	AL (If not in hospital, gi	re street aa	aress)	1/	d. STREET AD	DKE22				e. IS KI	A FARM?
0				'							NOTE
				- 11			T				
3. NAME OF DECEASED	First		Middle		Last		4. DATE	Mar	ith	Day	Year
(Type or print)	May		D.	Me	lson		DEATH	Dec	. 29,	I958	310
		7					1	. AGE (In years		YEAR IF UNI	
S. SEX	6. COLOR OR RACE	· MARRIE	DEVER MARRIED		DATE OF BIRTH		,	last birthday)		Days Hours	
female	white	WIDOWED	DIVORCED		lat 3.	1894	6	54 yrs.	Monnis L	odys Hours	Min.
10a. USUAL OCCUPATIO									12 CITIZ	ENLOS WILL	T COUNTRY?
during most of work	king life, even if retired)	ane IVO. KI	IND OL BOSINESS OK	INDUSTRI	III. BIKITIFUA	CE (3) die (di idreigh coo	1	12. CITIZ	LIN OI WIII	COOMINIT
housewi					Ina	un 6	Bena		U.S	5. A.	
13. FATHER'S NAME				1	14. MOTHER'S	WAIDENI N	IAME		1001	7 4 4 4	
13. FAIRER 3 NAME					a. MOTHER 3	THE PERSON NAMED IN	INVIE.				
Joseph	Campbel:	1		1000	Re	osa	Wheat	tlev			
	R IN U. S. ARMED FORCE		CIAL SECURITY NO.	17. INFO		756	WILLOW.	Add	rett		***************************************
	(If yes, give war or dates of set		CIAL SECURITI NO.	17. 11410	THE PERSON NAMED IN COLUMN TO PERSON NAMED I			700			
no		37		Mr.	Matt	Mel	son Pr	cincess	Anne	. Md	RFT
	m. fe.		(t-> #-> -1 t-> 3	400	A1246. U U				711111	INTERVAL	ETIMEEN
	ATH [Enter anly one cau	se per line	tar (a), (b), and (c).]							ONSET AN	D DEATH
PART I. DEA	TH WAS CAUSED BY:	Co	ercinoma	of o	1311h1	2000	n 1 5 4-1	h metas	tooic		nonth
155.1	IMMEDIATE CAUSE (a)	- 02	T. C.L. HOHE	01 8		1000	1 × 1,	I GIG LESS	3121313	-	
1001	DUE TO										
Canditians, if a	ny which)										
gave rise to i	mmediate										
catse (a), stating											
lying cause last.	(c)										
Z PART II OTI	HER SIGNIFICANT CONE	ITIONS CO	NTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMI	NAI DISEASE	CONDITION GIV	FN IN PART	1(a) 19. WAS	AUTOPSY
2	IEK 3101411 ICAI41 COI4E	1110143 CO	NATION TO DEAT		or Kebrieb 10	THE TERMIN	I TAL DISEASE	CONDITION	LEIN IIN I PARI	PERF	OPMED?
3										YES [NO 🖫
PART II. OTH	AS UNDERLYING [7]	205. DESCR	IBE HOW INJURY OC	CURRED. (Enter nature of	injury in F	Part I ar Part	II of item 18.)		100	
OR CONTRIBUTING	CAUSE OF DEATH					,		•			
	MEDICAL EXAMINER)										
20c, TIME OF INJUR Hour a. m. p. m.	RY Manth, Day, Yea	20d. INJ	URY OCCURRED 2	Oe. PLACE	OF INJURY (H	ame, form	, 20f. (City	or tawn)	ICo	ounty)	(State)
Haur a.m.		While	Nat while		y, street, affice					,,	(/
p. m.	19	at wark									
				100	20 0	. 7/	0 00	~0 .0			
21. I certify th	nat I attended the	deceased	fromUC.T		19-00	, 10	C= 23 m	58, 19	,that I lo	ast saw the	e deceased
alive an	12-20-58	. 19	and that a	death a	ccurred at	38	M. from	the couses	and on the	e date sta	ted above
31110 011		-, ' '	The state of			-		eet, city ar tawn,			DATE SIGNED
	0	7	1-				HOUNESS (311)	coi, city di lawn,	ardie)		PART SIGNED
ACTUAL SIGNATURE	1200011	1	tilles	MI).	Dames	s Quar	rter. L	larv]	and	
	Dodg	Y									
PHYSICIAN'S	***	~ ~ .	· ~T)								
NAME (Type)	Everett	J.Sut	ter D								
220. BURIAL, CREMATIC	N. 22b. DATE THEREO	F	22c. NAME OF CEMET	FRY OR C	PEMATORY		22d LOCATI	ON (City, tawn,	or county)	161	ate)
7. REMOVAL (Specify)								ort (city, town,	ar country)	(3)	uie)
burial	I-I-I9:	59	Asburw C	hurc	h Ceme	terv	Mt	. Vern	on. M	d.	
23. FUNERAL DIRECTOR			ADDRESS				D BY REGISTR		STRAR'S SIGI	NATURE	
1	1.10/					- FR	N 5 '5	0			
alm	unen	CPr	incess Ar	me.	Md.	DATE JA	J	a	Thung 8	Hanna	
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	AND PROPERTY OF THE PARTY OF			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14229

CERTIFICATE OF DEATH

12660				Reg. Di	st. No.			
1. PLACE OF DEATH o. COUNTY SCMERSET	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA)	nre deceased lived.	If institution: Residen	SET	ission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest-town) PRINCESS ANNE	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS HAMPTON AV	E		ON	A FARM?		
3. NAME OF First DECEASED (Type or print) ACEY	Middle	Lost NISKEY	4. DATE OF DEATH	Month I2/9/	Day /58	Year 19		
MALE COLORED WIDOWE		8. DATE OF BIRTH 7/1/1908	50	(In years birthday) yrs.	1 YEAR IF UN Days Hour			
	KIND OF BUSINESS OR INDU	MARYLAND			TIZEN OF WHA	AT COUNTRY?		
JOHN NISKEY		BLANCH FOO						
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service] [WAR I.		NFORMANT LA PEARL DO.	ANE PI	Address RINCESS	ANNE, M	ARYLA		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate code (a), stating the under. Very lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	0	VAL DISEASE COND	ITION GIVEN IN PAR	T 1(o) 19. WA	SAUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Part II of its	em 18.)		ORMED?		
Hour a.m. While		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)		(1)	County)	(Slate)		
21. I certify that I attended the decease alive an SCO 6 19 20 ACTUAL SIGNATURE BLOW 9. MARKINA PHYSICIAN'S NAME (Type) ELDON MARKINA		accurred at 1 000 A	M, fram the chapters (Street, cir.		he date sta			
220. BURIAL CREMATION, REMOVAL (Specify) 12/10/50	JOHN WIST		22d. LOCATION (C	ty, town, or county) ANNE, MA	-	ote)		
23. FUNERAL DIRECTOR'S SIGNATURE WILLIAM H. JAMES JR. PR	ADDRESS ANNE	24a. REC'D		24b. REGISTRAR'S SIG				

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the professory as a shauld be defacted for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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Carried and Manual Harath Contain Rossalau	
CHICIPICATE OF DEATH	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14216 CERTIFICATE OF DEATH

14220

	22112	OEKIII IC	AIL OI DEAI		Reg. Dist. I	No.
PLACE OF DEATH O. COUNTY	Somerset	MARYLAND		Where deceased lived. If it yland b. Co	institution: Residence bounty Somer	
b. CITY OR TOWN (I RURAL and give ne	f outside corporate limits, write corest town) Crisfield	c. LENGTH OF STAY IN 16		f outside corporate limits, sfield	write RURAL and give	nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stre 517 Broadway		d. STREET ADDRESS	Broadway		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	WILBUR	Middle	PETITT Lost	4. DATE OF DEATH DE	Month cember	Doy Yeor 16 19 58
5. SEX Male	NT	ARRIED NEVER MARRIED 🙇	8. DATE OF BIRTH Feb. 25, 192	9. AGE (In	years IF UNDER 1 YE Months Day	AR IF UNDER 24 HRS. ys Hours Min.
during most of work	DN (Give kind af wark dane ling life, even if retired) WORKER	b. KIND OF BUSINESS OR IND Oyster & Crab		te or fareign country) Virginia		N OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	Fred Petitt		Beatric	e Bell		
	R IN U. S. ARMED FORCES? If yes, give wor or dates of service)		informant frs. Rachel B	allard, Cris	Address field, Mar	yland
Conditions, if or gove rise to it couse (o), stoting lying cause lost. PART II. OTH	mmediate DUE TO	S CONTRIBUTING TO DEATH BU	JI NOT RELATED TO THE TER			si 19. WAS AUTOPSY
PART II. OTH	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	n Port I or Port II of item	18.)	YES NO
	Whi		PLACE OF INJURY (Home, fo octory, street, office bldg., e	rm, 20f. (City or town)	(Coun	nty) (Stote)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Seget 20, 19	osed from new 158, and that deal whey M. D.	M.D. Ou		uses and on the or town, state)	
220. SURIAL, CREMATIO REMOVAL (Specify) Burial	Dec. 18, 1958	22c. NAME OF CEMETERY Branch Cemet		22d. LOCATION (City, Marion Sta	town, or county)	(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS			REGISTRAR'S SIGNA	1.1
Bradehau	& Some Crief	bralvasM blai	D. 175	DEC 2 2 '58	arthur & 9	Trava

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or remayal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

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Ĺ					1972	eral de Mala		

ADDRESS

24b. REGISTRAR'S SIGNATURE

Cithur S. Firaus

240. REC'D BY REGISTRAR

DATE JAN

23) FUNERAL DIRECTOR'S SIGNATURE

1SM 9/SS

TELEVIEW OF SHOWINGS - LITTED FAIR	
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20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while p. m.

20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

21. I certify that I attended the deceased from

at work

(Stote)

alive on

a. COUNTY

NAME OF

DECEASED

(Type or print)

at wark

1928, that I last saw the deceased and that death occurred at 11:151M, from the causes and on the date stated above. ADDRESS (Street, city or town, state)

ACTUAL

DATE SIGNED

PERFORMED? YES NO

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION.

22d LOCATION (City,

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATUR Course, d. i will

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Somersel Somerset 11/1 Venten Venton Maik While Dec. Sept. 4-1892 66 Female Negro U.S.A. Venten House Wife Handy Smith Confinency Julia Ann Dashield Audistus White-Venton, Ild. None Venten, Sour. Co., Ild. Berial Deci24,1955 Venton Ctarles Helad-Main Sta. Not.

o FUNERAL F 0 15M 9/55

ACTUAL arks man NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Sons 3 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

	CERTIFICAT	10231	
* OTT VIOLATE THE SET	A 50		
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